Hamilton-Wentworth District Health Council
Conseil régional de santé de Hamilton-Wentworth

Advice to the Ministry of Health on New Long-Term Care Facility Beds for Hamilton-Wentworth

Advice to the Ministry of Health on New Long-Term Care Facility Beds for Hamilton-Wentworth

Hamilton-Wentworth District Health Council

March 1999

TABLE OF CONTENTS

APPENDIX

Recommendation E

The Ministry of Health increase access to ethno-specific long-term care beds as needed across the Hamilton-Wentworth region.

The Ministry of Health encourage all long-term care facilities to be "ethno-friendly". That is, whenever possible, all facilities should attempt to meet the needs of their clients in linguistically, culturally, religiously, and ethnically sensitive ways.

Recommendation F

The Ministry of Health review the policy, procedures and funding supports associated with smoking facilities and/or smoking areas within long-term care facilities in order to appropriately meet the needs of residents who smoke.

Recommendation G

The Ministry of Health examine the need for, and distribution of, more short-stay beds across the Hamilton-Wentworth region.

1.0 BACKGROUND

The Ministry of Health's 1998/1999 Business Plan stated "with regard to the announcement for 20,000 long-term care beds by the year 2005/6, District Health Councils provide preferred locations for long-term care beds within service areas."

In November 1998, 550 permanent, new, long-term care beds were awarded through a Request-for-Proposal process to the Hamilton-Wentworth region. An additional 758 long-term care beds will be awarded to the region by 2004[1].

2.0 PURPOSE

The report outlines a series of recommendations to the Ministry of Health about the additional 758 beds still to be awarded to the Hamilton-Wentworth region. The recommendations describe preferred location for the additional 758 beds and target populations in need of those beds.

3.0 PLANNING APPROACH

Step 1: In January 1999, the Hamilton-Wentworth District Health Council (HWDHC) formed the Long-Term Care Bed Siting Working Group to act as a resource to HWDHC staff throughout the duration of this project.
(Appendix A – Membership List; Appendix B – Terms of Reference)

Step 2: The HWHDC undertook an extensive community consultation process in order to provide appropriate advice to the Ministry of Health about the additional 758 beds.

20 focus groups were completed with a total of 200 participants.
Focus group participants included clients, caregivers and family members, long-term care facility administrators, professionals from various areas of expertise, and volunteers.

The purpose of the focus groups was to determine:

- factors that play a role in determining why individuals select a particular long-term care facility;
- the needs of clients, caregivers/family members once the client has been placed in a long-term care facility;
- individuals' preference about where new long-term care facilities should be built in Hamilton-Wentworth.

---

[1] Premier Mike Harris recently announced that 20,000 new nursing home beds will be ready by 2004, two years earlier than the original date of 2005/6.

Step 3: Both quantitative information (i.e., statistical data) and qualitative information (i.e., focus groups) was gathered throughout the planning process, tabulated, and included in the report.

Step 4: Review of other relevant HWDHC reports including Hospital Operating Plans reviews, Comprehensive Health Care Plan, and Annual District Service Plans.

4.0 RECOMMENDATIONS

In order to provide appropriate advice on where new long-term care facility beds should be built in Hamilton-Wentworth, it is important to consider the geographic and demographic profile of the residents of Hamilton-Wentworth.

GEOGRAPHY & DEMOGRAPHICS

4.1 Geographic Need

Data

At present, long-term care facility beds are unevenly distributed across the Hamilton-Wentworth region. Tables 1 and 2 show the existing, and allocated beds to population ratio for persons 75+ years.

Table 1: Existing Long-Term Care Facility Beds in Hamilton-Wentworth - 1996

Municipality	# of LTC Beds	% of LTC Beds	Population 75+ (1996)	% change in 75+ Population 1991-1996	LTC Beds per 1000 Population 75+
Ancaster	0	0	1,030	11%	0
Dundas	668	26.7%	1,915	14%	348.8
Flamborough	0	0	1,085	27%	0
Glanbrook	0	0	380	33%	0
Stoney Creek	295	11.8%	2,415	27%	122.2
Hamilton	1,542	61.6%	19,795	8%	77.9
Total – Hamilton-Wentworth	2,505	100%	26,620	20%	94.1
Total – Ontario	57,472	--	540,630	--	106.3

Source: Government of Canada 1996 Census

Table 1 shows the number of long-term care facility beds per 1000 population 75+ prior to the November 1998 allocation of 550 new long-term care beds to Hamilton-Wentworth region.

Table 2, on the other hand, shows the number of existing and newly allocated long-term facility beds per 1000 population 75+projected to 2001. The data account for both the allocated number of long-term care beds and the projected population 75+ years to 2001 which is when the remaining 758 beds will begin being built.

To use the 1996 data (Table 1) to distribute the remaining 758 beds across the region is not a fair assessment because the population 75+ will grow and this growth should be taken into account.

As shown in Table 2, the high level of population growth in the 75+ age group lowers the number of available long-term care beds per 1000 population over 75+ even with the allocation of 550 beds across the region. The number of long-term care beds per 1000 population 75+ is projected to go from 94.1 in 1996 to 90.4 in 2001.

Table 2: Existing & Allocated Long-Term Care Facility Beds in Hamilton-Wentworth – 2001

Municipality	# of LTC Beds	% of LTC Beds	Population 75+ (2001)	% change in 75+ Population 1996-2001	LTC Beds per 1000 Population 75+
Ancaster	64	2.1%	1,393	35.2%	45.9
Dundas	668	21.9%	1,736	-0.9%	384.7
Flamborough	64	2.1%	1.668	53.7%	38.4
Glanbrook	0	0	668	75.7%	0
Stoney Creek	359	11.8%	3,031	25.5%	118.4
Hamilton	1,900	62.2%	25,698	29.8%	73.9
Total – Hamilton-Wentworth	3,055	100%	33,786	26.9%	90.4
Total – Ontario	64,172	--	704,100	30.2%	91.1

Source: Hamilton-Wentworth Planning & Development Department, 1992; Statistics Canada & Ontario Ministry of Finance, 1991

In examining geographic need, it is also important to consider current population and population projection data. These data, as outlined in Tables 3 and 4, provide an indication of growth areas within the region. The data are especially important since we also need to consider where potential family members/caregivers will be living.

Table 3: Total Population by Municipality – 1991 to 1996

Municipality	Total Population – 1991	Total Population - 1996	% Population Change – 1991 - 1996
Ancaster	21,988	23,400	6.4%
Dundas	21,868	23,125	5.7%
Flamborough	29,616	34,035	14.9%
Glanbrook	9,726	10,565	8.6%
Stoney Creek	49,968	54,320	8.7%
Hamilton	318,499	322,350	1.2%
Hamilton-Wentworth	451,665	467,795	3.6%

Source: Government of Canada 1996 Census

Table 4: Population Projections for Hamilton-Wentworth Region & Municipalities – 1996 to 2021

Municipality	1996	2001	2011	2021	% Change 1996-2021
Ancaster	23,400	28,500	35,680	42,955	83.5%
Dundas	23,125	23,405	24,210	25,515	10.3%
Flamborough	34,035	37,005	45,290	52,925	55.5%
Glanbrook	10,565	11,875	14,090	15,975	51.2%
Stoney Creek	54,320	62,425	74,615	86,995	60.1%
Hamilton	322,350	334,855	338,970	342,100	6.1%
- Upper Hamilton	137,232	148,070	152,310	155,415	13.2%
- Lower Hamilton	185,118	186,790	186,685	186,685	0.8%
Hamilton-Wentworth	467,795	498,060	532,860	566,465	21.1%

Source: Hamilton-Wentworth Planning & Development Department, 1992

Tables 3 and 4 show significant population growth in Ancaster, Stoney Creek, Flamborough and Glanbrook.

As seen in the data, population growth for those 75+ years does not mimic the overall population growth in the six municipalities. As such, there should be a balance of facilities being built where seniors reside and where there is overall population growth.

The Ministry of Health should be aware that servicing constraints is an issue currently encountered in Flamborough and Glanbrook and this may affect site availability on a short-term basis until these servicing constraints are resolved. (Source: The Regional Municipality of Hamilton-Wentworth, Regional Environment Department, Development Division)

Focus Group Findings

When asked the question – "*what factors play a role in determining how clients and family members select a long-term care facility*" – location was revealed to be a key factor. Clients and family members want long-term care facilities to be built:

- geographically close to where the client and family members currently live.
- geographically close to public transportation (i.e., on the bus route) and major thoroughfares.
- near green space. Green space was considered to be a key factor by all participants.

Participants felt there was a need for more long-term care facilities to be built in Upper Hamilton ("the mountain") and East-Hamilton. In addition, young disabled clients and ethno-specific clients want facilities to be built in downtown Hamilton since there is an existing infrastructure in place to support them.

Recommendation A

Priority consideration should be given to those applicants who intend to build in Ancaster, Flamborough, Glanbrook, and Hamilton. Stoney Creek and Dundas do not appear to have as great a need for new long-term care beds.

SPECIAL NEEDS

4.2 People with Dementia and other Cognitive Disorders

Data

The prevalence rate of seniors with dementia living in Hamilton-Wentworth is a concern. Dementia, which includes but is not limited to Alzheimer Disease, is a good indicator of the increasing need for enhanced support and services for those who suffer from the disease and other cognitive disorders.

Table 5: Projected Rates of Dementia in Hamilton-Wentworth

Age Cohort	% Cohort Population With Dementia	Year		
		2000	2011	2021
65-69	1.7%	374	464	667
70-74	3.3%	664	683	1050
75-79	6.3%	1053	1083	1375
80-84	11.7%	1131	1555	1763
85-89	22.0%	1240	2169	2294
90+	41.3%	1000	1722	2515
Total		5462	7676	9664

Long-Term Care Bed Distribution and Needs Study Information Binder, Ministry of Health, 1996

Table 5 outlines dementia projections for Hamilton-Wentworth by age cohort. The projections show a 56.5% growth in the total population with dementia from 2000 to 2021. The age cohorts 85-89 and 90+ are most affected by dementia.

The Alzheimer Society for Halton-Wentworth and the Dementia Task Force[2] have emphasized the need to increase the number of long-term care facility beds that are geared to appropriately serve people with dementia and other cognitive disorders.

While the HWDHC recognizes the need for more alternatives across the continuum of care for people with dementia and other cognitive disorders, there is clearly a growing and critical need for long-term care facilities that are specifically designed to meet the needs of people with dementia and other cognitive disorders. This is important since the majority of people living in long-term care facilities today and in the future have some level of cognitive impairment.

Focus Group Findings

Throughout the focus groups it was confirmed that people with cognitive disorders including Alzheimer clients require:

- appropriate structural and physical environments including secured units, and space both inside and outside the facility to wander.
- appropriate staffing levels.
- staff who are specially trained to deal with cognitive disorders and who understand the client's needs.
- meaningful and creative programs and activities that provide opportunities to maximize individual strengths, promote independence, and allow for social interaction.
- facilities that are designed and staffed to accommodate all stages of dementia.
- initial and ongoing support and counseling.

Recommendation B

The Ministry of Health give priority consideration to those applicants for long-term care facility beds who demonstrate an intention and capacity to provide specialized care to residents with dementia and other cognitive disorders.

4.3 People with Challenging Behaviours

The term challenging behaviours is used to describe an individual who exhibits aggressive and/or violent behaviours over which the individual has no control.

---

[2] Dementia Task Force (examining issues pertaining to seven regions – Toronto, Peel, Durham, York, Halton, Niagara, Hamilton-Wentworth). Ontario. January 1998.

Focus Group Findings

Information collected indicate a growing concern on the part of facility administrators around their ability to provide the resources, time, and training needed to adequately care for residents with challenging behaviours. Although long-term care facility administrators agree that this population is relatively small (approximately 5% of all residents), these clients require a lot of attention and are labour intensive to care for. In addition, more staff time is needed to support and educate family members about behaviours and what the client is going through.

Clients with challenging behaviours require:

- appropriate structural and physical environments including secured units, and space both inside and outside the facility to wander.
- smaller units than the Ministry of Health recommended 32-bed home areas.
- appropriate seclusion or time-out areas.
- more one-on-one staff supervision (staff caring for both resident and behaviour).
- staff who are specially trained to deal with mental health issues and behavioural disorders, and who understand the potential side affects.
- specialized programs and services geared to specific mental illness and behavioural disorders.
- support programs to help residents through the transition phase.

There was no real consensus from focus group participants as to whether it is more appropriate to have a designated facility or designated units within long-term care facilities to care for people with challenging behaviours.

Recommendation C

The Ministry of Health give priority consideration to those applicants for long-term care facility beds who demonstrate an intention and capacity to provide specialized care to residents with challenging behaviours.

4.4 Younger People with Physical Disabilities

The term "younger people" is used to refer to an individual 18-65 years or an individual who has different lifestyle needs than the "average" long-term care facility resident.

De-institutionalization and integrated living environments have become the desired form of housing for younger adults with physical disabilities. However, for those individuals with more severe disabilities, for whom living independently or within a supportive housing setting is not possible given their health care needs, residence within a long-term care facility is an alternative. While a long-term care facility may be an appropriate setting to receive health care, it does not have an appropriate social environment for younger adults.

Few options are available for younger individuals with physical disabilities who require the kind of assistance and round-the-clock care that is only available in a long-term care facility. As a result, a small portion of residents in long-term care facilities will be younger. Their physical, social, emotional and program needs will be different from the majority of the resident population in long-term care facilities.

Focus Group Findings
Younger People with Physical Disabilities require:

- appropriate structural and physical environments that are built "above" code regulations. Participants felt that it was not only important to build the facility to code, but above code in order to accommodate bigger assistive devices. Building above code had a direct impact on how an individual lives and functions within a facility.
- outdoor paths and spaces that are wheelchair accessible.
- socially appropriate settings that address their different lifestyle needs.
- age appropriate programs and activities.
- programs that promote client independence and empower the client (for example, tuck shop which is client operated with staff supervision).
- initial and ongoing peer counseling which acts as a support and coping mechanism.
- appropriate staffing level.
- accessible and appropriate places to visit with young children. It is important to consider that some younger residents may have their own young children.
- environment in which clients will feel comfortable about their sexual needs.

Recommendation D

The Ministry of Health give priority consideration to an applicant for long-term care facility beds who demonstrate an intention and capacity to serve younger residents with physical disabilities.

4.5 Ethno-cultural Need

Data
The region of Hamilton-Wentworth has a varied ethno-cultural make-up. Table 6 lists the top ten, single ethnic origins for seniors 70+ years and Table 7 shows the ethno-cultural, linguistic or religious long-term care facilities in Hamilton-Wentworth. The data show that there are large numbers of ethno-specific groups living in Hamilton-Wentworth who do not have appropriately "designated" long-term care facility beds available to them.

Table 6: Single Ethnic Origins for Seniors 70+ in Hamilton-Wentworth

Single Ethnic Origins for Seniors 70+ in Hamilton-Wentworth	# of Seniors 70+ in Hamilton-Wentworth
Italian	3,650
German	2,760
Polish	2,155
Ukrainian	1,940
French	1,700
Dutch	1,240
Hungarian	760
Jewish	550
Portuguese	280
Chinese	205
Total Single Ethnic Origins (for those listed above)	15,240

Source: Government of Canada 1996 Census

Table 7: Long-Term Care Facilities with Specific Ethno-Cultural, Linguistic or Religious Designation

Facility	Designation
St. Joseph's Villa	Roman Catholic
Shalom Village	Jewish

Source: Central West Region Long-Term Care Area Office, 1999

Long-term care facilities and/or units within facilities may be dedicated to serving people of a particular language, ethnic origin and/or religion. People who select these facilities may be choosing them because of language, cultural sensitivity, religious affiliation, or for other reasons such as location, programs and services offered, etc.

Focus Group Findings

According to the focus group findings, ethno-cultural specificity plays a role in the selection process when choosing a long-term care facility. Focus group participants of varied ethno-cultural, religious, and linguistic backgrounds stated they would choose to live in a "designated" facility if spaces were available. Participants felt that facilities with dedicated spaces would have:

- staff and residents who spoke their language (or access to interpretation services as needed).
- program and services that were culturally, linguistically, and religious specific.
- culturally specific foods.
- a culturally sensitive environment where the needs of clients and family members are understood.

Recommendation E

The Ministry of Health increase access to ethno-specific long-term care beds as needed across the Hamilton-Wentworth region.

The Ministry of Health encourage all long-term care facilities to be "ethno-friendly". That is, whenever possible, all facilities should attempt to meet the needs of their clients in linguistically, culturally, religiously, and ethnically sensitive ways.

4.6 Smoking Areas

Focus Group Findings

Meeting the needs of clients who smoke was a key issue that came up at all the focus groups.

Focus group participants felt that there needed to be:

- long-term care facilities specifically designated for smoking clients; or
- areas within long-term care facilities where clients could smoke.

There was particular concern on the part of long-term care facility administrators and professional staff that:

- caring for a smoking client required a lot of one-on-one staff time and increased resources, both staff resources and funds, to adequately equip and maintain smoking areas.
- caring for a smoking client could put staff in an unhealthy situation.
- although they did not endorse smoking, they did not want to take that "right or pleasure" away from the client.

Recommendation F

The Ministry of Health review the policy, procedures and funding supports associated with smoking facilities and/or smoking areas within long-term care facilities in order to appropriately meet the needs of smoking residents.

4.7 Short-Stay Beds

Data

Short stay beds in long-term care facilities are used primarily for respite care. These beds are provided in long-term care facilities to allow families and friends who are caring for individuals at home an opportunity to gain some relief from their caregiving duties or to take a vacation.

Families who care for individuals with cognitive, physical and terminal illnesses often burn out and become sick themselves if respite services are not available to them.

Short-stay beds are defined[3] as those beds in long-term care facilities that allow for a maximum length of stay of 30 days at one time allowable up to 3 times/year or a maximum 90 days/year. There is no minimum length of stay requirement. In addition, to be eligible for a short-stay bed:

- care requirements must be met by the long-term care facility for relief from caregiving duties with client returning to residence within 30 days;
- the client must be 18+ years and insured under OHIP;
- the client must require one of the following – nursing care on site 24 hours/day; assistance each day with activities of daily living; on-site supervision and monitoring at frequent intervals throughout the day; at risk financially, emotionally, physically and can be harmed if left in residence; at risk of harm due to environmental condition if left in residence; at risk of harming someone else if left in residence.

There are 12 subsidized short-stay beds currently located in the Hamilton-Wentworth region -- 8 at St. Joseph's Villa and 4 at Townsview Lifecare Centre. The average utilization rate for both facilities in 1996 was 81%; 1997 was 64%; and 1998 was 77%. The utilization rate is quite variable between the facilities.

Variable and relatively low utilization rates could be due to a number of complex issues including:

- a lack of knowledge about the availability of short-stay beds.
- location of beds. Clients and family members may not like the choice of, and distribution of, short-stay beds in Hamilton-Wentworth region.
- clients and family members may see this option as undesirable because there are no dedicated programs or services to support and maintain the short-stay resident.
- the onerous application procedure for such a short stay.
- facilities not having the flexibility in staff resources to care for, on a short-term basis, clients with heavy needs.

Focus Group Findings

Focus group participants felt that:

- there was a need for more short stay beds to be distributed across the community.
- respite stays provided an opportunity for clients and family members to learn about a facility and what the long-term care facility system had to offer.

Recommendation G

The Ministry of Health examine the need for, and distribution of, more short-stay beds across the Hamilton-Wentworth region.

---

[3] Ministry of Health definition.

5.0 OTHER KEY FINDINGS

The following is a list of other key findings that the HWDHC believes both the Ministry of Health and applicants for long-term care facility beds should consider.

5.1 Aesthetics/Structural Design

Focus Group Findings
Aesthetics and the overall structural design of a facility are important criteria clients and family members consider. However, there was no real consensus on what the best facility design was (i.e., small versus big facility); this varied among participants. What participants did agree on was:

- first impressions are important. If the facility had a nice odor, patients were clean and taking part in activities, and the furnishings conveyed a home-like environment, then they were more likely to choose a facility like this over others.
- green space is an important factor clients and family members look for when choosing a facility. Participants felt it was important to have available and accessible green space for residents and family members to enjoy. Green space could include courtyards, gardens, or a park. Participants felt it was also important to have well-defined outdoor pathways that were wheelchair accessible so family members could enjoy the outdoor space with the residents.
- having readily available, accessible and free parking is important. In some cases, this feature may enhance visitation to the facility.

5.2 Programs and Services

Focus Group Findings
All participants felt that long-term care facilities needed to have in place:

- meaningful and creative programs and activities that provide an opportunity for residents to maximize their individual strengths, promote their independence, and engage in social interaction.
- programs and activities that mimic the things residents did in their daily lives. There was a real focus on keeping life "normal" in the facility with the introduction of pets, intergenerational programs, home furnishings, a greenhouse, etc.
- supports and counseling for clients and family members, both initially and ongoing.

Participants also felt that is was important that the Ministry of Health examine the continuum of care issue. Participants felt that having aging-in-place facilities where they could receive "life-time care", that is, movement from retirement home to long-term care facility to receiving palliative care, was a concept the Ministry of Health should endorse.

5.3 Staff

Focus Group Findings
Participants felt that it helped if:

- all staff are caring, helpful, friendly, approachable, supportive and encouraging.
- staff continually informed family members of resident's needs and treated family members as part of the care team.
- there are multi-disciplinary, professional staff members as part of the care team.
- staff are given on-going training and education to better understand the changing needs of residents.

5.4 Education & Research

In the 1998/1999 HWDHC hospital operating plans reviews (June 1998), the issue of education, training and research in clinical and community-based settings was identified as a major concern. Fiscal constraints have led to difficulties in placement of student professionals. The HWDHC also identified the difficulties competitive resource allocation processes have on the capacity of community-based agencies to be sites for learners. Without an explicit recognition of the costs of providing learning support, organizations will be forced to eliminate teaching activities.

The HWDHC has previously recommended that the Ministry of Health explore issues related to community-based teaching of health professionals, and ensure that there are appropriate resources available in community agencies, long-term care facilities, and hospitals to support health professional education.

Support for evidence-based best practice, with the accompanying need for supports for appropriate evaluation and research, has also been identified as a key element particularly in an academic health sciences centre.

6.0 CONCLUSION

The Hamilton-Wentworth District Health Council is committed to working with the Ministry of Health and community partners towards the development of an adequate, coordinated, and integrated long-term care system in Hamilton-Wentworth. As such, Council welcomed the opportunity to provide advice to the Ministry of Health on the development of new long-term care beds in the Hamilton-Wentworth region.

APPENDICES

APPENDIX A

LONG-TERM CARE BED SITING WORKING GROUP
Membership List – January 1999

Joyce Caygill --	Consumer
John Freeland --	Consumer/Caregiver
George Green --	Consumer/Caregiver
David Jewell --	Chair, Regional Discharge Planning Working Group
Jill Knowlton --	Extendicare (Canada) Inc.
Mel Madamba-Wakeham --	Hamilton YWCA – Cultural Interpreting Services
Bob Malloy --	Macassa Lodge
Luciano Piccioni --	Regional Municipality of Hamilton-Wentworth, Regional Environment Department, Development Division
Barbara Ross --	Social Worker, Wentworth Lodge
Mary Sinclair --	Member, Regional Advisory Committee on Services for Seniors
Feria Bacchus --	Hamilton-Wentworth District Health Council Staff
Maggie Fischbuch --	Hamilton-Wentworth District Health Council Staff

APPENDIX B

LONG-TERM CARE BED SITING WORKING GROUP
Terms of Reference – January 1999

1.0 Working Group Role

The Long-Term Care (LTC) Bed Siting Working Group is a working committee of the Hamilton-Wentworth District Health Council (HWDHC). The primary purpose of the Working Group is to work with the HWDHC to provide appropriate advice to the Ministry of Health re: future LTC beds in the Hamilton-Wentworth region by March 31, 1999. In addition, the Committee will act as a resource to HWDHC staff during the duration of this project.

In fulfilling its role, Working Group will undertake tasks in the following areas:

- **Development of Focus Groups**
- **Data Resource (as required)**
- **Report Review**

2.0 Working Group Tasks

Establish focus groups' membership.

Review findings and recommendations from the focus groups.

Review draft and final reports.

3.0 Hamilton-Wentworth District Health Council's Role

See attached Long-Term Care Facility Bed Siting Workplan.

4.0 Committee Membership

The Working Group will be comprised of HWDHC staff and a cross-section of community partners who are familiar with the long-term care sector, regional and planning issues, and caregiver/seniors' issues.

The Chair of the Working Group will be a staff person from the HWDHC.

Membership on the Working Group will commence January 1999. The Working Group will disband once the final report has been submitted to the Ministry of Health.

Long-Term Care
Bed Siting Workplan

Deliverable: Provide advice to the Ministry of Health re: preferred locations * for LTC beds within Hamilton-Wentworth region by March 31, 1999.
(*preferred locations -- geographic; specific criteria PLUS target populations)

		1998	1999											
PLANNING ACTIVITY	**LEAD**	DEC	04-Jan	11-Jan	18-Jan	25-Jan	01-Feb	08-Feb	15-Feb	22-Feb	01-Mar	08-Mar	15-Mar	22-Mar
Background Research														
- review background documents & data	DHC Planner	■												
Establish LTCF Bed Siting Committee														
- establish Committee members	DHC Planner		■	■										
- intro. meeting (education session; confirm (task, workplan, next steps; decision on focus groups; next mting dates, etc.)	DHC Planner/ Committee				■									
Focus Groups														
- establish focus groups' membership	DHC Planner/ Committee					■								
- hold focus groups	DHC Planner							■	■					
- tabulate focus groups findings	DHC Planner								■					
- review findings & recommendations from focus groups	DHC Planner/ Committee								■	■				
Review & Data Analysis														
- carry out literature review; data analysis etc.	DHC Planner		Start January 4 until end-February 1999											
Prepare Report														
- write report incorporating summarized focus group findings & data analysis	DHC Planner									■				
- present draft report to Committee	DHC Planner										■			
- Committee review draft & final report	Committee											■	■	
- present report to HWDHC	DHC Planner													■
Evaluate Process	DHC Planner/ Committee													■

C:\My Documents\LTCF\LTCFbedsitingworkplan.doc
(Feria Bacchus)
Date: December 21, 1998